HEARING HEARD IN PUBLIC

GALATAS, Spyridon

Registration No: 82640

PROFESSIONAL CONDUCT COMMITTEE

SEPTEMBER 2015

Outcome: Fitness to practise impaired; existing substantive order of conditions varied and extended for a further period of 12 months

Spyridon GALATAS, a dentist, registered as of 39 Muirfield, Luton, Bedfordshire, LU2 7SB United Kingdom; DipDS Thessaloniki 1994; was summoned to appear before the Professional Conduct Committee on 21 September 2015 for an inquiry into the following charge:

Charge (as amended)

"That, being a registered dentist:

1. Between March 2007 and November 2012 you were practising in general dentistry at:
   (a) Obex Dental Practice based at Peel Street, Luton, Bedfordshire between March 2007 and July 2012;
   (b) Perfect Profiles based at Tyburn Road, Wolverhampton, West Midlands. between July 2012 and November 2012.
2. You provided care and treatment under private contract to the two patients identified in Schedule A. [1]

Patient A

3. Between 12 March 2007 and 9 January 2012 you provided care and treatment to Patient A including:
   (a) tooth-whitening;
   (b) a bridge at UL2 to UL7;
   (c) 'gradia fills' at:
      i) UL1;
      ii) UR2.

Consent

4. You failed to obtain informed consent to the treatment in that you:
   (a) did not adequately discuss the proposed bridge and, in particular:
      i) the intended aesthetic outcome and changes to the size and shape of the teeth;

[1] Schedule A is not a public document and is not disclosed

ii) the risks associated with the proposed bridge;

(b) cemented the bridge with temporary cement without informing the patient of that or the risks thereof;

(c) provided 'gradia fills' to UL1 and UR2 without adequately discussing the treatment with the patient and, in particular, the reason for the treatment.

Treatment planning and treatment

5. You failed to provide appropriate care in that you:

(a) [WITHDRAWN]

(b) failed to take bitewing radiographs;

(c) failed to obtain articulated study models;

(d) failed to obtain a diagnostic wax up.

Record keeping

6. You failed to make any, or any adequate, notes in respect of:

(a) BPE scores for 2 February 2011;

(b) the taking and reporting of radiographs on 3 May 2011;

(c) any pre-treatment assessment of para-function;

(d) pre or post tooth-whitening shades.

Patient B

7. Between 25 June 2012 and 7 November 2012 you provided care and treatment to Patient B including:

(a) implant retained restorations at UR4 and LR6;

(b) a bridge at UL1 to UL4.

Consent

8. You failed to obtain informed consent to the treatment in that you did not adequately discuss the proposed bridge and, in particular:

(a) changes to the patient's occlusion;

(b) the risks associated with the proposed bridge.

Treatment planning and treatment

9. You failed to provide appropriate care in that you:

(a) failed to obtain study models;

(b) failed to obtain a diagnostic wax up;

(c) failed to carry out a BPE;

(d) [WITHDRAWN];

(e) fitted a substandard bridge which was not fit for purpose in that it created an approximately 4mm space between the remaining upper and lower front teeth.

10. You failed to adequately respond to the patient's repeated concerns about the bridge in that you failed to replace it.

Record Keeping

11. You failed to make any, or any adequate, notes in respect of:

(a) an assessment of the occlusion;

(b) a pre-treatment soft tissue examination;

(c) a pre-treatment extra-oral examination;

(d) a pre-treatment examination of the temporomandibular joint ("TMJ");

(e) any pre-treatment discussion and/or assessment of para-function;

(f) any pre or post-treatment oral hygiene assessment.

And that, by reason of the facts alleged, your fitness to practise is impaired by reason of your misconduct."

On 23 September 2015 the Chairman made the following statement regarding the finding of facts:

"Mr Galatas

You are in attendance at this hearing and are represented by Mr Malcolm Fortune of Counsel. Ms Lydia Barnfather of Counsel appears for the General Dental Council (GDC).

Preliminary matters

At the start of the hearing Ms Barnfather made an application to amend heads of charge 5 (a) and 7 (a), and later for clarity to make changes to the layout and numbering of heads of charge 3 (c) (i), 3 (c) (ii), 4 (a) (i), 4 (a) (ii), 4 (b) and 4 (c). Mr Fortune supported the applications. The Committee acceded to the applications and the schedule of charge was duly amended.

During the course of proceedings Ms Barnfather applied to withdrawn heads of charge 5 (a) and 9 (d). Mr Fortune again supported the application. The Committee agreed to the withdrawals.

You made a number of admissions to the heads of charge which the Committee noted.

Background to the case and summary of allegations

The allegations relate to the care and treatment that you provided to two patients, referred to for the purposes of these proceedings as Patient A and Patient B. The incidents giving rise to the allegations in respect of Patient A are said to have taken place whilst you were practising at the Obex Dental Practice in Luton between March 2007 and July 2012, and the matters relating to Patient B are alleged to have occurred whilst you were practising at Perfect Profiles in Wolverhampton in the period July to November 2012.

Patient A first attended for an appointment with you on 12 March 2007. You then treated her for a period of almost five years until 9 January 2012. Over the course of that period you provided a six-unit bridge at UL2 to UL7, tooth whitening treatment congruent with that bridge, and gradia fills at UL1 and UR2.

The GDC alleges that you failed adequately to discuss the intended aesthetic outcome and changes to the size and shape of the teeth that would arise from the placing of the bridge with Patient A. The GDC also alleges that you did not adequately discuss the risks associated with the bridge that you proposed to place. It is further contended that you did not inform the patient of the fact and risks of cementing the bridge with temporary cement, and that the gradia fills that you provided had not been preceded by a sufficient discussion of such treatment and the reasons for such treatment. The GDC alleges that, because of these failings, you did not obtain the necessary informed consent for the treatment that you provided to Patient A.

The GDC further alleges that your treatment planning was deficient, in that you failed to obtain bitewing radiographs, articulated study models and a diagnostic wax-up before commencing treatment. Record-keeping failings are also alleged, in that it is contended that you failed to make any, or any adequate, records of the patient's basic periodontal examination (BPE) scores at an appointment on 2 February 2011, the taking and reporting of radiographs taken on 3 May 2011, any pre-treatment parafunction assessment or any pre- or post-tooth whitening shades.

Patient B first attended on you on 25 June 2012. You provided care and treatment to him until his last appointment with you on 7 November 2012, during which intervening period you placed implant retained restorations at UR4 and LR6 and a bridge at UL1 to UL4.

It is alleged that you failed to obtain informed consent for the treatment that you provided to Patient B, in that you did not adequately discuss with him the changes to his occlusion that would arise from the placing of the bridge, or discuss the risks associated with the proposed bridge. The GDC also contends that you failed to obtain study models and a diagnostic wax-up prior to treatment, and that you also failed to carry out a BPE before commencing treatment.

The GDC also alleges that the bridge that you placed was substandard, in that it created a gap of approximately 4mm and was as such not fit for purpose. It is also alleged that you failed to respond adequately to the patient's resulting concerns as you did not replace it as required. Record-keeping failures have also been raised against you in respect of your care and treatment of Patient B, in that it is alleged that you did not record an assessment of the occlusion, pre-treatment soft tissue examination, extraoral examination, examination of the temporomandibular (TMJ) joint, discussion or assessment of parafunction or oral hygiene assessment.

Evidence

The Committee heard oral evidence from Patient A and Patient B; from the expert witness instructed by the GDC, namely Mr Simon Nery; from the expert witness instructed by your defence team, namely Ms Sharon Caro; and from you.

The Committee was provided with a number of documents, including the expert reports of Mr Nery and Ms Caro; the joint report of those experts; the witness statements provided by Patients A and B; and copies of the dental records relating Patient A and Patient B. The

Committee was also provided with a copy of the formal apologies that you made to both Patient A and Patient B during the course of their oral evidence.

Committee's findings of fact

The Committee has taken into account all of the evidence presented to it, both oral and written. It has also considered the submissions made by Ms Barnfather on behalf of the GDC and those made by Mr Fortune on your behalf.

The Committee has accepted the advice of the Legal Adviser. In accordance with that advice it has considered each head of charge separately, although in respect of those heads of charge to which you have made admissions the Committee's reasons will be announced collectively. The Committee has been reminded that the burden of proof rests with the GDC, and has considered the heads of charge against the civil standard of proof, that is to say, the balance of probabilities.

The Committee has been careful when approaching the evidence of all the witnesses who have given evidence. In particular the Committee has had in mind that the fact it has concluded that all of the witnesses have been honest when giving evidence to the Committee does not mean that their recollections are necessarily accurate.

I will now announce the Committee's findings in relation to each head of charge:

1.(a)	Admitted and proved
	The Committee finds that the facts alleged at head of charge 1 (a) are proved on the basis of your admission. The Committee also finds that the facts alleged at the other heads of charge set out below are proved on the basis of your admissions.
1.(b)	Admitted and proved
2.	Admitted and proved
3.(a)	Admitted and proved
3.(b)	Admitted and proved
3.(c) i	Admitted and proved as amended
3.(c) ii	Admitted and proved as amended
4.(a) i	Proved as amended
	The Committee finds that the facts alleged at head of charge 4 (a) (i) are proved. The Committee accepts the evidence of Patient A that the new bridge at UL2 to UL7 was intended for aesthetic purposes. It follows that the desired aesthetic outcome should have been part of a discussion with the patient prior to treatment commencing. The Committee has determined that such a discussion with the patient about the intended aesthetic outcome of the proposed bridge, and the changes to the size and shape of her teeth that would also arise, did not take place. In reaching this conclusion the Committee accepts the evidence of Patient A who stated that the aesthetic

	outcome was wholly unexpected. The Committee considers that the patient has provided clear, consistent and reliable evidence on these points, and it notes that you have no recollection of the events in question beyond the descriptions given in the patient's records. Those records contain no reference to any adequate discussion with the patient about the intended aesthetic outcome of the changes to the size and shape of the teeth. Your evidence to this Committee was that you may have had something in mind about the likely aesthetic outcome and the changes that may occur to the size and shape of the patient's teeth. However, the Committee considers that there is not reliable evidence of you having adequately communicated any such considerations to the patient. The Committee accepts the patient's evidence that she was taken aback by the changes. The patient's lack of understanding, and with it your failure adequately to explain the relevant considerations to her, is further evidenced by her being unaware that her UL2 would form part of the bridge. Although the Committee notes that Patient A stated in her evidence that you displayed photographs on a computer to her before treatment commenced of what the bridge may look like, the Committee is satisfied that there was not a full and adequate discussion about the likely outcome of the placing of the bridge. It notes once more the evidence of the patient, who stated that the actual result was different to those photographs. The Committee notes the lack of certainty as to the date on which a key OPG was taken which appears to show the existence of a six-unit bridge. The radiograph was undated but has been ascribed the date of 3 May 2011. As this date came before you fitted the bridge in question, there is an issue as to whether the patient already had a six-unit bridge in place which you then replaced on what was effectively a like for like basis. Patient A was clear and consistent in stating that there was no such six-unit bridge in place. Although the Committee is not required to resolve this dispute, it considers that if there was such a bridge already in place you should have made that clearly known to the patient so that an adequate discussion of the aesthetic outcome and changes to the shape and size of the teeth which would nonetheless arise from any such like for like replacement could take place. In her evidence the patient emphatically denied any knowledge of a six-unit bridge being in place prior to your placing of a bridge. The Committee considers that no adequate discussion took place, and that it was your responsibility to make sure that it did.
4.(a) ii	Proved as amended
	The Committee finds the facts alleged at head of charge 4 (a) (ii) proved. The Committee considers that the removal and replacement of a bridge, whether similar or different to that being substituted, entails risks of which a patient must be made aware. The Committee accepts the clear and compelling evidence of Patient A that no such risks were discussed with her. The Committee notes that you have no recollection of any discussion about risks having taken place with the patient, and similarly notes that you made no such entries in the patient's records. The Committee is satisfied that no

	adequate discussion took place. Although it has heard from Patient A that you informed her that the tooth and root at UL2 'couldn't take it', or words to that effect, the Committee considers that this does not constitute an adequate discussion of the risks that might be associated with the new bridge. The Committee appreciates that you gave evidence about matters which took place quite some time ago and about which you have no independent recollection. However, having heard from you evidence about what you would, or might do, when discussing risks about proposed bridges with patients, the Committee remained of the view that you did not adequately explain and discuss the likely risks to the patient.
4.(b)	Proved as amended
	The Committee finds the facts alleged at head of charge 4 (b) proved. The Committee accepts the clear evidence provided by Patient A, who stated that she did not know that you used a temporary cement to fix the bridge that you had placed. The Committee notes that despite the patient having returned to you on subsequent occasions you did not take those opportunities to place a permanent cement. The Committee notes that there is no reference in the patient's records to you intending to place a permanent cement, or that you had informed the patient of your use of a temporary cement and the risks associated with such a bonding.
4.(c)	Proved as amended
	The Committee finds the facts alleged at head of charge 4 (c) proved. The Committee notes from Patient A's records that you recorded the fact of the treatment that you provided. However, you made no reference in those records to any prior discussion with the patient about the treatment and the reasons for it. In evidence you did not offer any evidence to suggest that you had such conversations with her. The Committee finds that on the balance of probabilities you did not discuss the nature of and reasons for this treatment with the patient.
5.(a)	Withdrawn
5.(b)	Admitted and proved
5.(c)	Proved
	The Committee finds the facts alleged at head of charge 5 (c) proved. The Committee notes that the expert witnesses agree that any planned change in the occlusion would have necessitated the obtaining of articulated study models. The Committee finds that, even if the existing bridge was in fact being replaced on a like for like basis, there would inevitably be a change in the patient's occlusion. The Committee accepts the evidence of Mr Nery who states that, even if no changes in the occlusion were intended, the sheer size of the replacement bridge, consisting as it did of some six units, would require the making of articulated study models.

5.(d)	Proved
	The Committee finds the facts alleged at head of charge 5 (d) proved. The Committee notes that the replacement bridge was intended for aesthetic purposes and considers that a diagnostic wax-up was required to assist the patient's understanding of the likely aesthetic appearance of the bridge that was being proposed. The Committee notes that you accept that you did not obtain such a wax-up, and having determined that it was necessary for you to do so it finds the facts alleged at this head of charge proved.
6.(a)	Proved
	The Committee finds the facts alleged at head of charge 6 (a) proved. The Committee has had regard to the patient records that you made of your treatment of Patient A. These records state that a BPE was undertaken on 2 February 2011. However, the records do not set out the scores that arose from that examination. The Committee heard from you that you accept that you are ultimately responsible for the content of your records. The Committee does not accept the evidence of your defence expert, Ms Caro, who suggested that there may have been an error in the recording of the scores arising from a possible software failure. The Committee has not been provided with any evidence in support of this speculation and indeed notes that scores were previously recorded on earlier occasions using the same computer software. There is no evidence of any, or any adequate, note of the BPE scores from 2 February 2011. In all the circumstances, the Committee is satisfied that the facts alleged at this head of charge proved.
6.(b)	Admitted and proved
6.(c)	Proved
	The Committee finds the facts alleged at head of charge 6 (c) proved. The Committee notes that there are references in Patient A's notes in 2008 and 2013 to her grinding her teeth. The Committee notes that you made no record of any pre-treatment assessment of her parafunction in 2011, and considers that this demonstrable omission was a culpable failure given the likelihood of the persistence of her bruxism at the time at which bridgework was being planned. The Committee heard oral evidence from you on this point, in which you accepted that you made no record of any such assessment of parafunction. The Committee did not accept your explanation that such an assessment was unnecessary because there was no complaint from the patient about any issues such as grinding. The Committee considers that as her treating dentist you had a duty to ensure that you undertook all necessary pre-treatment assessments, particularly in circumstances where there was a documented history of bruxism.
6.(d)	Admitted and proved
7.(a)	Admitted and proved as amended

7.(b)	Admitted and proved as amended
8.(a)	Proved
	The Committee finds the facts alleged at head of charge 8 (a) proved. The Committee heard oral evidence from Patient B, who stated that the bridge that was being proposed would be for cosmetic reasons, offering as it did a permanent solution to replace an existing temporary denture. The patient provided clear and consistent evidence to this Committee that you did not give him any reason to expect that his occlusion would be altered as a result of the bridge being placed. His clear recollection was that you did not have a discussion with him about any such changes. The Committee found the patient to be a credible witness on this and other points, and considers that he had some insight into the state of his own dentition given his previous courses of treatment. In evidence to this Committee you stated that you are unable to recall the treatment of Patient B, and that you cannot recall any discussions with him about changes to the bite. The patient records upon which you instead rely record that you provided the patient with details about the treatment options available to him and the types of bridge that he may elect to have placed, but there is no mention in the records about you discussing changes to the occlusion.
8.(b)	Proved
	The Committee finds the facts alleged at head of charge 8 (b) proved. The Committee accepts the oral evidence provided by Patient B, who stated that you did not provide him with any information about the risks associated with the proposed bridge. In evidence to this Committee you stated that you are unable to recall the patient in question, and that you cannot recall any discussions with him about the risks of the bridge. As stated above, the patient records upon which you instead rely record that you provided the patient with details about the treatment options available to him and the types of bridge that he may elect to have placed, but there is no mention in the records about you discussing risks. Having heard oral evidence from you on this point the Committee was not satisfied that your understanding of the risks of bridgework is of a standard sufficient to allow an adequate and informed conversation to take place with a patient about those matters. It was not therefore able to rely on the hypothetical account that you postulated.
9.(a)	Proved
	The Committee finds the facts alleged at head of charge 9 (a) proved. The Committee does not accept the evidence of Ms Caro, who stated in evidence that as a single tooth was being replaced study models were not needed. The Committee notes Ms Caro's declaration that she does not often perform bridgework. Instead, the Committee prefers and accepts the

	evidence of Mr Nery, who stated that as a four-unit bridge involving a canine tooth was being proposed study models were in fact required. The Committee accepts that canine teeth play a vital role in a patient's occlusion and that study models were needed in the circumstances. You accept that these were not prepared.
9.(b)	Not proved
	The Committee finds the facts alleged at head of charge 9 (b) not proved. The Committee notes that the reason for Patient B seeking the provision of a bridge was in order to replace an existing partial denture. The Committee therefore considers that a diagnostic wax-up, which is required for predicting aesthetic changes, was not necessary and that such there was no culpable failure.
9.(c)	Admitted and proved
9.(d)	Withdrawn
9.(e)	Proved
	The Committee finds the facts alleged at head of charge 9 (e) proved. The Committee accepts the consistent and clear evidence of Patient B in support of the fact alleged at this head of charge. The Committee considers that Patient B's evidence is reliable, and notes his background as a craftsman experienced in approximating measurements to a reasonable degree of accuracy. The Committee also accepts that the patient would not be likely to forget or mistake such a prominent change to his appearance which resulted in him returning on around six further occasions for adjustments to be made. The Committee considers that, on balance, the bridge that you fitted did leave a gap of around 4mm. This significant gap prevented the patient from eating on the affected side of his mouth. The bridge was therefore not by any measure fit for purpose, and the Committee accordingly finds the facts alleged at this head of charge proved.
10.	Not proved
	The Committee finds the facts alleged at head of charge 10 not proved. The Committee considers that the steps that you took to respond to and address the patient's repeated and persistent concerns about the bridge that you had fitted were, in the circumstances, adequate. You took steps to alter the bridge to improve the occlusion. The Committee heard that you were required to leave the practice at which you had been treating the patient with no notice and that as such your further involvement with Patient B lasted only less than two months following the fitting of the bridge. The Committee considers that the most appropriate course of action would have been to have removed and replaced the bridge that you had fitted. However, within the relatively brief, and unexpectedly shortened, period of time in which you saw the patient following the treatment, the Committee considers that your efforts to respond were not inadequate. The Committee

	has no evidence that any subsequent treating dentist has advised the patient to have the bridge removed, and that the bridge remains in place to this day.
11.(a)	Admitted and proved
11.(b)	Admitted and proved
11.(c)	Admitted and proved
11.(d)	Admitted and proved
11.(e)	Admitted and proved
11.(f)	Admitted and proved

We move to stage two."

On 25 September 2015 the Chairman announced the determination as follows:

"Mr Galatas

The Committee has considered all the evidence presented to it, both written and oral.

Evidence submitted and matters relating to the extant substantive conditions order

The Committee has considered the bundle of documents submitted by Ms Barnfather on behalf of the General Dental Council (GDC) in relation to your fitness to practise history. The bundle records that on 15 October 2014 the Professional Conduct Committee (PCC) imposed a substantive order of conditions on your registration. Your registration remains subject to these extant conditions, and the Committee was asked to undertake a review of those conditions as part of its decision-making process alongside its consideration of the matters that have given rise to the present proceedings. The conditions imposed by the PCC followed its finding of impairment arising from the misconduct that it had identified in relation to a number of proven factual allegations about your care and treatment of a further 12 patients between 2007 and 2012. The allegations which the PCC found proved related to failures in obtaining informed patient consent, record keeping, treatment planning and treatment execution. At the conclusion of the hearing the PCC considered that a period of conditional registration was required for a period of 24 months in order to provide 'a framework within which you can remediate your clinical failings'.

The Committee has also had regard to the remediation bundles submitted on your behalf. The bundles include logs, certificates and records of the continuing professional development (CPD) that you have undertaken, and an analysis of patient questionnaire results.

Committee's deliberations

In its deliberations the Committee has taken into account the submissions made by Ms Barnfather on behalf of the GDC and those made by Mr Fortune on your behalf.

The Committee has accepted the advice of the Legal Adviser. It has had regard to the GDC's *Guidance for the Professional Conduct Committee, including Indicative Sanctions Guidance* (April 2015).

Before commencing its decision-making process, the Committee satisfied itself that it was appropriate for it to review the existing conditions to which your registration is subject, as well as making a determination on whether facts relating to the matters presently before it in relation to Patients A and B constitute misconduct, whether that misconduct is such to impair your fitness to practise and, if so, what sanction, if any, is necessary. The Committee paid careful attention to the submissions of Ms Barnfather and Mr Fortune on the appropriateness and practicalities of proceeding in this way and accepted the advice of the Legal Adviser in that regard.

The Committee was mindful that its consideration of any current impairment of your fitness to practise would involve an assessment of whether any misconduct that it may find in relation to Patients A and B might amount to current impairment of your fitness to practise, and whether the steps that you have taken in respect of the conditions previously imposed mean that your fitness to practise is no longer impaired, arising from either the matters subject to the determination of October 2014 and/or the conduct proved in relation to Patients A and B.

Misconduct

The Committee first considered whether the facts that have been found proved constitute misconduct. In deciding this issue the Committee has exercised its own independent judgement.

In its deliberations the Committee has had regard to the following paragraphs of GDC's '*Standards for Dental Professionals'* (May 2005) applicable at the time of the incidents giving rise to these proceedings. These standards state that as a dentist you must:

1.1 Put patients' interests before your own or those of any colleague, organisation or business.

1.4 Make and keep accurate and complete patient records, including a medical history, at the time you treat them. Make sure that patients have easy access to their records.

2.2 Recognise and promote patients' responsibility for making decisions about their bodies, their priorities and their care, making sure you do not take any steps without patients' consent (permission). Follow our guidance *Principles of Patient Consent*.

2.4 Listen to patients and give them the information they need, in a way they can use, so that they can make decisions. This will include:

- Communicating effectively with patients;
- Explaining options (including risks and benefits); and
- Giving full information on proposed treatment and possible costs.

The Committee has also had regard to the GDC's *Principles of Patient Consent* in place at the time.

In light of the findings of fact that it has made, the Committee has concluded that your conduct in a number of areas represents acts and omissions which fell far short of the standards reasonably expected of a registered dentist. The Committee considers that your proven shortcomings represent serious failings in a number of basic areas of dentistry.

In relation to the conduct found proved concerning your failure to obtain informed consent, the Committee considers that you failed to put the interests of your patients first as required to do by the *Standards for Dental Professionals*. The Committee is also in no doubt that your standard of record-keeping in respect of the two patients was, as you acknowledged, inadequate. The Committee was concerned by the standard of your record-keeping and considers that any failure to make appropriate records may place patients at the risk of harm. It was mindful of the consequences that such poor standards of record-keeping may have had for the patients.

Accordingly, the Committee has determined that the findings that it has made against you in relation to these specific areas are serious and fall far below the standards reasonably expected of a registered dentist. As such, the Committee is satisfied that they constitute misconduct.

Impairment

The Committee then went on to consider whether your fitness to practise is currently impaired by reason of your misconduct. In doing so, it has exercised its independent judgement. Throughout its deliberations, it has borne in mind that its primary duty is to address the public interest, which includes the protection of patients, the maintenance of public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour.

In exercising its own independent judgement, the Committee considers that the identified shortcomings in your practice are capable of being remedied, relating as they do to specific, fundamental and identifiable clinical failings which do not suggest any attitudinal deficiencies. However, the Committee is not satisfied that there is presently sufficient evidence to demonstrate that these deficiencies have been remedied.

The Committee has been provided with documents in relation to the steps that you have taken to remediate the shortcomings identified by the previous Committee. The remediation that you have undertaken to date has taken place in the context of, and in compliance with, the conditions imposed on your registration by that Committee. Although it notes the efforts that you have made, and understands with some sympathy the difficulties that you have encountered with obtaining employment which would allow the conditions to have real effect, the Committee considers that the evidence is not sufficient to demonstrate that you have remedied the shortcomings identified in your practice, either in relation to the findings of the previous Committee or the recent findings made by this Committee. The Committee makes no adverse finding in relation to the reality of you being out of work for some 18 months until February 2015, by which time the conditions to which your registration was made subject had been in place for around four months. The consequence of those unfortunate set of circumstances was that you only have seven months' worth of evidence of you having remediated conduct which the previous Committee estimated would take some two years to complete. You have made efforts to remediate your conduct and to engage in a purposeful and positive manner with the conditions in place. The Committee notes the roles that your educational and workplace supervisors play pursuant to these conditions.

The misconduct that has been found by both Committees is of a similar and serious nature. The Committee is mindful that the commonalities between both cases is likely to mean that remedial steps taken in the earlier case are likely to have a significant bearing on an assessment of the extent to which you have remediated the shortcomings identified in the

second case. In reviewing your compliance with the existing conditions, and the extent to which you may have remediated the deficiencies identified, the Committee considers that there is not yet sufficient evidence of your remediation of the failings in relation to the areas of concern.

The Committee has paid particular regard to the extent of your insight into the matters that have given rise to these proceedings. The Committee notes positively the full and sincere apologies that you offered to Patient A and Patient B. It is however mindful that a consideration of insight goes beyond such apologies and the Committee has considered the extent to which you appreciate the nature and consequences of the shortcomings and deficiencies that have been identified both by this Committee and the previous Committee. Having had the benefit of hearing evidence from you, and having carefully considered the documentary information submitted on your behalf and the oral submissions of Mr Fortune, the Committee is not sufficiently reassured that you have developed the necessary degree of insight.

The Committee therefore considers that there is currently the possibility of the identified and unremediated shortcomings being repeated in your practice. Having regard to this the Committee cannot conclude that the misconduct is highly unlikely to be repeated. It concludes that your fitness to practise is currently impaired by reason of your misconduct, both in relation to the facts which it has found proven in relation to Patients A and B and in respect of the misconduct which the previous Committee found in October 2014.

In making this decision the Committee is mindful of the need to ensure the protection of patients and to safeguard confidence in the profession. It considers that a finding of current and continued impairment is further necessary in light of these considerations.

Sanction

The Committee then determined what sanction, if any, would be appropriate in light of the findings that it has made. The Committee recognises that the purpose of a sanction is not punitive, although it may have that effect, but is instead imposed in order to protect patients and safeguard the wider public interest. The Committee has applied the principle of proportionality, balancing the public interest with your own interests.

The Committee has considered the range of sanctions available to it, starting with the least serious. In the light of the findings made against you, the Committee has determined that it would not be appropriate to conclude this case with no action. The misconduct and impairment that it has found means that some form of action must be taken.

The Committee next considered whether it would be proportionate and appropriate to conclude the case with a reprimand. It has determined that, in light of its findings of misconduct in a number of fundamental areas of your practice, it could not dispose of the case in that way. The Committee considers that a reprimand would not provide the safeguards for public protection which it considers are necessary because of your ongoing impairment and would also undermine public confidence in the profession.

The Committee considered whether it would be sufficient and proportionate to continue to place conditions on your registration. It took into account that any conditions imposed must be clear, workable and verifiable. It was also mindful that any such conditions would need to be capable of addressing the impairment that it has found arising both from its findings concerning Patients A and B and also the findings of the Committee which imposed

conditions on your registration in October 2014. The Committee took into account that it must act proportionately, imposing the minimum restriction necessary to protect the public and safeguard the wider public interest.

The Committee concluded that appropriate conditions would protect the public and secure the necessary degree of protection for patients and the wider public interest. The Committee considers that the conditions already in place remain, with slight variation, workable and have been proven in reality to be so. The Committee has not been provided with any information to suggest that there has been a breach of any of the conditions. You have made some progress in your efforts to remediate the shortcomings that have been identified in your practice and the Committee considers that the continuation of these conditions will allow you to continue with this process. The Committee considers that these conditions sufficiently address the findings that it has made in relation to Patients A and B and similarly continue to address appropriately the shortcomings identified in October 2014.

In extending the conditions order the Committee varies the conditions set out at (8) and (9) below to include patient communication and to require you to submit a new personal development plan (PDP) three months from today.

In all the circumstances, including the delay in the conditions taking effect at their outset arising from your employment circumstances, the Committee has determined that the varied conditions should be extended for a further period of 12 months, with that extension to take effect on the date on which the existing 24-month order would otherwise expire. The Committee has also determined that a further review hearing should take place prior to the expiry of the conditions. The Committee considers that this extended period of time is necessary and sufficient for you to continue and conclude the process of remediating the shortcomings that have been identified in your practice.

Having determined that conditions are appropriate and proportionate, the Committee had regard to all of the criteria relevant to the making of a suspension order but considered that to impose such a sanction would be disproportionate in the circumstances of the case.

The following conditions are set out as they will appear against your name in the Dentists' Register:

1. He must notify the GDC within 7 days of any professional appointment he accepts and provide the contact details of his employer or any organisation for which he is contracted to provide dental services and the Commissioning Body on whose Dental Performers List he is included or Local Health Board if in Wales, Scotland or Northern Ireland.

2. He must allow the GDC to exchange information with his employer or any organisation for which he is contracted to provide dental services, and any Postgraduate Dental Dean/Director (or a nominated deputy), workplace supervisor or educational supervisor referred to in these conditions.

3. At any time that he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of an educational supervisor appointed by the Postgraduate Dental Dean/Director (or a nominated deputy).

4. At any time he is employed, or providing dental services, which require him to be registered with the GDC, he must place himself and remain under the supervision of a workplace supervisor nominated by him, and agreed by the GDC.

5. The workplace supervisor shall be a GDC registered dentist.
6. He must limit his clinical practice in accordance with the advice of his workplace supervisor and only undertake procedures authorised by his workplace supervisor.
7. He must allow his workplace supervisor to provide reports to the GDC at intervals of four months and the GDC will make these reports available to any Postgraduate Dean/Director (or a nominated deputy) or educational supervisor referred to in these conditions.
8. He must work with a Postgraduate Dental Dean/Director (or a nominated deputy), to formulate a new Personal Development Plan, specifically designed to address the deficiencies in the following areas of his practice:
    - treatment planning;
    - radiography;
    - implant and bridge treatment;
    - Invisalign treatment;
    - examination and diagnostic assessments;
    - BPE examinations;
    - record keeping;
    - patient communication;
    - informed consent;
    - complaints handling.
9. He must forward a copy of the new Personal Development Plan to the GDC within three months of the date of this determination.
10. He must meet with the Postgraduate Dental Dean/Director (or a nominated deputy), on a regular basis to discuss his progress towards achieving the aims set out in his Personal Development Plan. The frequency of his meetings is to be set by the Postgraduate Dental Dean/Director (or a nominated deputy).
11. He must allow the GDC to exchange information about the standard of his professional performance and his progress towards achieving the aims set out in his Personal Development Plan with the Postgraduate Dental Dean/Director (or a nominated deputy), and any other person involved in his retraining and supervision.
12. He must inform the GDC, within 14 days, of any formal disciplinary proceedings taken against him, from the date of this determination.
13. He must inform the GDC if he applies for dental employment outside the UK.
14. He must not engage in single-handed dental practice and must only work in practice premises where at least one other GDC registered dentist is working at the same time as he is working, for the majority of his working hours.
15. He must not work as a locum or undertake any out-of-hours work or on-call duties without the prior agreement of the GDC.

16. He must inform, within seven days, the following parties that his registration is subject to the conditions, listed at (1) to (15), above:

    - any organisation or person employing or contracting with him to undertake dental work;
    - any locum agency or out-of-hours service he is registered with or applies to be registered with (at the time of application);
    - any prospective employer (at the time of application);
    - the Commissioning Body on whose Dental Performers List he is included or seeking inclusion, or Local Health Board if in Wales, Scotland or Northern Ireland (at the time of application).

17. He must permit the GDC to disclose the above conditions, (1) to (16), to any person requesting information about his registration status.

The Committee directs that these conditions should be reviewed prior to their expiry.

That concludes this hearing."